Department of Veterans Affairs **VHA DIRECTIVE 2002-072**
Veterans Health Administration
Washington, DC 20420 **November 20, 2002**

HEALTH CARE FOR HOMELESS VETERANS (HCHV) HOMELESS PROVIDERS GRANT AND PER DIEM PROGRAM

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy for the Health Care for Homeless Veterans (HCHV) Homeless Providers Grant and Per Diem (GPD) Program and sets forth national procedures and authority for the administration, monitoring, and oversight of GPD-funded community-based programs.

2. BACKGROUND

a. Implementation of the HCHV Homeless Providers GPD Program is authorized and required by Public Law. The HCHV Homeless Providers GPD Program was authorized in 1992 by Public Law 102-590, which was repealed by Public Law 107-95 in 2001 which re-authorized the GPD Program with certain revisions. The law authorizes the Department of Veterans Affairs (VA) to assist public or non-profit private organizations in establishing new programs by awarding grants, through a competitive process, for up to 65 percent of the cost of acquiring, renovating, or constructing facilities; or to purchase vans. The law also authorizes VA to provide per diem payments to grant recipients that provide supportive services and/or supportive housing for homeless veterans. If funding is available, a special Notice of Fund Availability (NOFA) for per diem payments may be offered to non-grant recipients. Additional grants may be awarded to assist community providers in meeting the needs of special populations, or to assist community providers with building renovations in order to comply with fire and safety codes.

b. The GPD Program has been very successful in establishing services for homeless veterans. Since its inception the program has grown significantly. Grants have been awarded nationally since 1994. Community-based providers funded under the GPD Program exist in most states and the District of Columbia. These programs offer communities a way to assist homeless veterans with housing and services while assisting VA medical centers in providing housing or services for veterans by augmenting, or in some cases, supplementing care. Program designs are diverse ranging from a 100-bed independent-living project to a 6-bed project providing recuperative care housing.

c. The GPD Program, an essential and critical part of VHA, is vital for providing safe transitional housing and supportive services for homeless veterans. One of the major challenges facing the GPD Program is ensuring that veterans in those community-based programs that are recipients of GPD funds are receiving quality services. Community-based programs funded under the GPD Program did not start becoming operational until 1996. At that time, there were a limited number of programs providing services and oversight of these programs was achieved through coordination with VA homeless program staff at each medical center. Since that time, the number of operational programs has increased dramatically, requiring conformity of inspection and oversight procedures and the need for enlisting additional staff assistance from VA medical centers.

THIS VHA DIRECTIVE EXPIRES NOVEMBER 30, 2007

3. POLICY: It is VHA policy that the GPD Program be established and that VHA supportive services be aligned with transitional housing beds funded through the GPD Program.

4. ACTION

a. **Mental Health Strategic Health Care Group (116E), Health Care for Homeless Veterans Programs.** The Mental Health Strategic Health Care Group (116E), Health Care for Homeless Veterans Programs, Grant and Per Diem Office, VHA Central Office is responsible for ensuring that:

(1) Community and faith-based programs, tribal government, and state and local governments selected for GPD funding are selected according to public law criteria, and rated according to criteria stated in Title 38 Code of Federal Regulations (CFR) Part 17.700 or with the criteria in proposed regulations to be codified at Title 38 CFR Part 61, when and if they are issued.

(2) Funds for construction, renovation, and/or acquisition are distributed to the GPD-funded program expediently and in a manner consistent with public law and VA regulations.

(3) In collaboration with the Networks and VA medical centers, oversight and compliance of operational GPD-funded community and faith-based programs is maintained and the programs provide quality services in compliance with existing law and regulation.

(4) In collaboration with the Networks and VA medical centers, GPD-funded community providers are operating the program as stated and designed in the original GPD proposal that was submitted and approved for funding.

(5) Funds are distributed from VHA Central Office to the medical center for per diem payments.

(6) The community and faith-based program's eligibility for per diem payments is reviewed and approved by GPD office.

(7) GPD-funded community and faith-based programs are monitored and evaluated.

(8) Exceptions to case-management criteria are evaluated and issued (see subpar. 4d(6).

b. **Network Director.** Each Network Director is responsible for ensuring that:

(1) A Network Homeless Coordinator is appointed.

(2) The Network Homeless Coordinator, or designee, is available for conducting initial and yearly re-inspections of programs funded under the GPD Program, in coordination with the medical center inspection team.

(3) VA medical centers appoint liaisons for each GPD-funded community-based program in the network annually.

c. **Medical Center Director.** Each medical center Director is responsible for:

(1) Designating a VA medical center liaison for each GPD-funded community-based program in the medical center's catchment area and redesignating a liaison each year. If the liaison position is vacated the director must, within 30 days, designate a new liaison and forward that person's name through the Network Homeless Coordinator to the GPD office. The liaison designated must have experience working with community and faith based-providers and be qualified to provide oversight of each program and case management for program participants. ***NOTE**: Where it is possible, to ensure the continuity of care, it is essential that the liaisons that are serving as case managers in this program be the same clinicians that have provided care for homeless veterans in the past.*

(2) Ensuring that the liaison is aware of and takes part in required VA ethics training. ***NOTE:** Special emphasis needs to be paid to the avoidance of conflict of interest.*

(3) Conducting timely initial and yearly re-inspections of community-based programs that request eligibility for per diem payments.

(4) Ensuring that VA medical center personnel are available for conducting an initial and an annual inspection of each community-based program funded under the GPD Program that is operational and receiving per diem, in the VA medical center's catchment area. Inspections must include a team review of the community-based program's general operation including, but not limited to:

(a) Fiscal Accountably. Fiscal accountably to ensure that the entity operates and maintains "within generally accepted accounting principles" adequate systems to accurately account for VA funds and to accurately account for calculation of per diem rate as well as calculation of bed days of care; to verify that the entity has submitted required tax reporting documentation (i.e., Form 990) and has on file a current financial audit, if required.

(b) Fire and Safety Compliance. Fire and safety compliance to ensure that the project complies with codes relevant to operations and level of care provided. ***NOTE**: Recipients of grants prior to December 21, 2001, are required to comply with the Life Safety Code of the National Fire Protection Association (LSC) by December 21, 2006. However**, t**hese recipients must meet state and local fire and safety requirements and any other requirements in the jurisdiction in which the project is located regarding the condition of the structure and the operation of the supportive housing or service center. Recipients of grants after December 21, 2001, and recipients of per deim after December 21, 2001 for programs not funded by a grant prior to that date, must comply with the LSC and all applicable state and local housing codes, licensing requirements, fire and safety requirements, and any other requirements in the jurisdiction in which the project is located regarding the condition of the structure and the operation of the supportive housing or service center.*

(c) Facility Adequacy. The adequacy of the facility to ensure that services offered by the community organization can be accommodated by the building acquired, constructed, and/or renovated by grant funds.

(d) Facility Completeness. The completeness of the facility to ensure the facility has been purchased, constructed, and/or renovated in accordance with plans submitted to, and approved by, the VHA Office of Facilities Management (18).

(e) Clinical Care. Clinical care to ensure that:

1. Care provided to residents meets standards prescribed by local codes and are within the framework of professional health care delivery standards, operational and/or clinical authority.

2. The program activities and/or supportive services are implemented and conducted as designated in the grant application.

3. Recordkeeping and participant files are compliant with GPD Program regulations.

(f) Nutrition. Food and Nutrition Service to ensure food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner; and if meals are served as part of the community-based program design, to ensure meals are prepared in a sanitary manner, are nutritionally balanced, and appropriate for the program participants.

(g) Grant Compliance. Grant compliance to ensure all activities put forth in the entity's original application are carried out as prescribed in the proposal.

(5) Ensuring that VA medical center staff with appropriate backgrounds, education, and experience necessary to review community-based programs under the preceding categories are part of the inspection team.

(6) Ensuring that an appropriate instrument (i.e.; Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), contract) that meets with the standard practices of the particular medical center and the network will be used for assisting with the implementation, administration, and oversight of the community provider program. Particular attention must be paid to security arrangements with GPD-funded programs that are leasing buildings on VA medical center grounds. ***NOTE:*** *Clear delineation of authority and responsibility of the VA medical center's Police Services should be outlined in the instrument.*

(7) Ensuring that monthly billing for per diem payments are accurate regarding: veteran eligibility; the number of bed days of care; and costs associated with operational costs of the community-based program. Ensuring that the liaison submits billing to the medical center and GPD vouchers are submitted to the GPD office.

(8) Ensuring that program participant data are collected as per program evaluation procedures developed by VA Northeast Program Evaluation Center (NEPEC).

(9) Ensuring that the entity receiving GPD funding has implemented and is operating the project as put forth in the original GPD proposal and all program goals and objectives stated in the proposal are being met.

(10) Making the final determinations for payment of per diem for services rendered by the community provider.

(11) Ensuring that issues pertaining to security and law enforcement are appropriately addressed. This includes, but is not limited to the Chief, Police Service, or designee, participating in the planning of programs located on medical center property (to include a comprehensive risk assessment of each program and on-going monitorship) and coordinating with per diem recipients in community-based programs for the purpose of conducting a comprehensive risk assessment of each program. ***NOTE:*** *In performing a risk assessment of community-based providers VA Police would be acting as part of the health care team overseeing those entities.*

d. **Network Homeless Coordinators.** Network Homeless Coordinators, or designees, and appointed VA medical center liaisons are responsible for:

(1) Coordinating and/or participating in the inspections (see subpars. 4c(4)(a) through 4c(4)(e)) using GPD Program regulations (see Title 38 CFR 17.700) as guidelines or proposed regulations to be codified at Title 38 CFR Part 61, when or if they are used.

(2) Completing inspection packages and forwarding them to the GPD office for review.

e. **VA Liaisons.** VA liaisons, in addition to the duties assigned by the medical center director, are responsible for:

(1) Providing services to and oversight of the GPD-funded community-based programs as outlined in the GPD Rules and Regulations.

(2) Verifying the veteran status and eligibility of program participants. ***NOTE****: For purposes of eligibility for participation in the GPD Program, "veteran" is defined as a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.*

(3) Verifying admission and discharge dates of program participants for billing purposes.

(4) Collecting and submitting GPD program participant data as outlined by NEPEC evaluation procedures.

(5) Complying with criminal conflict of interest laws and Executive Branch Standards of conduct so as to avoid conflicts of interest in carrying out their liaison duties. ***NOTE****: liaisons must avoid being employees or officers of the grantee(s) over which they have oversight.*

(6) Providing case management at sites where organizations are receiving per diem payments. Case management is defined as the provision of services by VA clinical staff to homeless veterans which includes:

(a) Monitoring the care in, and assessing the compliance of, the program receiving per diem as outlined in the recipient's original grant application;

(b) When appropriate, intervening to facilitate compliance or correction of the program; and

(c) When necessary, through a goal-oriented approach:

NOTE: *When "necessary" could mean: when determined by liaison that the provider does not offer particular services needed by the veteran; when requested by the veteran; when requested by the per diem recipient (on a case-by-case basis); or when determined necessary by liaison from admission screening.*

1. Arranging and coordinating the care;

2. Linking and referring to VA medical facilities, VA Regional Offices, and/or community agencies; and/or

3. Intervening and advocating on behalf of the veteran to fill gaps in the delivery of services.

5. REFERENCES

a. Public Law 107-95.

b. Title 38 CFR 17.700.

c. VHA Social Work Practice Guideline #2, Social Work Case Management, September, 1995.

6. FOLLOW-UP RESPONSIBILITY: The Mental Health Strategic Health Care Group (116E), Health Care for Homeless Veterans Programs, is responsible for the contents of this Directive. Questions regarding this Directive may be directed to the Associate Chief Consultant, Health Care for Homeless Veterans Programs, at (202) 273-8446.

7. RESCISSIONS: None. This Directive expires November 30, 2007.

Robert H. Roswell, M.D.
Under Secretary for Health

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